

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

HC 2 South, 280 State Drive Waterbury, VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 13, 2019

Ms. Jennifer Silva, Manager **Davis Home** 45 State Street Windsor, VT 05089-1213

Dear Ms. Silva:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 5, 2019. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

Jamela MCotaRN

Licensing Chief

PRINTED: 11/20/2019 FORM APPROVED

R-247 Pocacupted intochig B. Barteller/sleuge

Division	of Licensing and Pro	otection				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	7×	* · · · ! · · · · · · · · · · · · · · ·	A DOILDING	`		
		0021	B. WING		C 11/05/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
CONTROL OF STREET						
DAVIS H						
(VA) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	R, VT 05089	PROVIDER'S PLAN OF CORRECT	TION (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUET BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE COMPLETE	
R100	Initial Comments:		R100	R-247 POC	accipted	
	An unannounced a	n cite complaint investigation		1 -1.4 00	Law on Ichniky	
	was conducted by Protection on 11/5/	n-site complaint investigation the Division of Licensing and 19. There was a regulatory	-	11/22/19 B.B	enter so / stored	
	finding.					
				11/20/19-		
R247 SS=E		ND FOOD SERVICES	R247	To 200 1 00 1	nort Poultry	
. 33-E			İ	Temperatures of 1 Pork will be to	1	
	7.2 Food Safety an	d Sanitation		Hock will be to	ten when	
	r.Er ood oalety an	d objittation		on manu.		
-	7.2.b All perishable	e food and drink shall be				
		held at proper temperatures:		Recorded on Log	in kitchen	
		degrees Fahrenheit. (2) At or		with Date time	andtena	
		Fahrenheit when served or				
	heated prior to serv	rice.		What was the	aec.	
	This DECLUDEMEN	NIT is not mot as ovidenced		food will not	he Served	
	by:	NT is not met as evidenced	Ę.			
		on and staff interview, the		unless temp u	above !	
		ure that cooked perishable		140° for meat,	Poultrutpork	
	food was at or above	ve 140 degrees Fahrenheit				
	when served. Find	ings include:		This will be	undicated !	
	While reviewing the	tomporatura logo for cooked				
		temperature logs for cooked applaint regarding residents		or menu wh	en tenp	
	being served raw and undercooked foods, there			Needs to be Ch	20/00	
	was no evidence that cooked foods were being			10 the Cy	acrec.	
	checked to insure that the temperature was at or			Record will be	kanla in	
	above 140 degrees Fahrenheit when served.			Reard will be	Leptun	
8	During interviews with staff, one of them being			Kitchen man	CICLE INVILL	
	staff that does meal preparation, s/he stated that s/he checks the temperature of hot foods before				3/4	
	they are served, but doesn't record the			morado) fuc	is occurring	
	temperatures. The other staff member stated			Weelles.		
	that s/he was unsur	e about taking food				
		nows that the refrigerator and		This was put	in place	
		temperatures recorded. The			,, , , , , , , , , , , , , , , , , , , ,	
		nfirmed at 8:45 AM on 11/5/19, mperature logs for the		Wr 11/2/19		
Division of Li	censing and Protection	inperature logs for the			**************************************	
ABORATOR	PIRECTOR'S OR PROVID	EREUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE /	(X6) DATE	
(	1Mail	Soliri KA) 1	namar	per 11/20/10		
TATE FOR	Anniego.	Citation 1	6899	T1DG11	If continuation sheet 1 of 2	

STATEMEN	OF LICENSING AND PRO	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DAT	E SURVEY APLETED				
0021			B. WING			11/05/2019					
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE						
DAVIS HOME 45 STATE STREET WINDSOR, VT 05089											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE				
R247	Continued From pa	ge 1		R247							
	temperatures of coo temperatures shoul there is no evidence	d be taken and	recorded, but	T a			•				
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in the state of th			*	7							
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